

AbortionCare Reimbursement Rates for Ambulatory Surgical Centers (effective July 2021)

| | |
|--|----|
| 10:1 Pre-Abortion Visit | 2 |
| 10:2 Medication Abortion (MAB) | 3 |
| 10:3 Surgical Abortion (TAB) | 4 |
| 10:4 Post-Abortion Follow-up Visit | 6 |
| 10:5 Re-Aspiration | 7 |
| 10:06 with 11:01 Standalone Service with Insertion of Cervical Dilator | 9 |
| 10:6 with 11:31 Standalone Service with Serum Pregnancy Test | 9 |
| 22. Drugs/ Devices/Supplies Reimbursed at Acquisition Cost | 10 |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10: 1 - Pre-Abortion Visit | | | | |
|-----------------------------|---|------------|----------|------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Office visit | \$74.70 | | |
| | Urine pregnancy test | | \$6.03 | |
| | Language Assistance Services | | \$46.58 | |
| | RH Program administration fee | | \$15.00 | |
| TOTAL BUNDLED VISIT RATE | | \$74.70 | \$67.61 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$142.31 | | |
| Reimbursed if marked on CVR | 12:1-Transvaginal ultrasound | \$68.35 | | |
| | 12:2-Abdominal ultrasound | \$59.71 | | |
| | 11:01-Insertion of cervical dilator + meds | \$30.48 | \$55.68 | |
| | 11:02-Rho(d) immune globulin injection | \$10.33 | | |
| | 11:31-Serum pregnancy test (HCG) | | \$10.54 | |
| | 11:29-GC/CT test | | \$13.55 | |
| | 11:03-Methotrexate injection | \$54.57 | | |
| | 11:04 Creatinine/LFT | | \$9.30 | |
| Data only | 18:3-Local anesthesia or oral medication | No payment | | |
| | 18:4-Rx for home pain management | No payment | | |
| | Any other medical service indicated on the CVR not listed above | No payment | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:2 - Medication Abortion (MAB) | | | | |
|---|---|-------------------|-------------------|-------------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Provider base rate (includes counseling, procedure, venipuncture) | \$176.39 | \$1,018.75 | |
| | Urine pregnancy test | | \$6.03 | |
| | Rh typing, in-house | | \$2.09 | |
| | Bundled rate for HGB/HCT and drugs (metronidazole, ondansetron, lorazepam or diazepam, ibuprofen) | | \$8.91 | |
| | Language Assistance services | | \$93.16 | |
| | RH Program administration fee | | \$15.00 | |
| TOTAL BUNDLED VISIT RATE | | \$178.49 | \$1,143.94 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$1,322.43 | | |
| Reimbursed if marked on CVR | 12:1-Transvaginal ultrasound | \$68.35 | | |
| | 12:2-Abdominal ultrasound | \$59.71 | | |
| | 11:31-Serum pregnancy test (HCG) | | \$10.54 | |
| | 11:29-GC/CT test | | \$13.55 | |
| | 11:02-Rho(d) immune globulin injection | \$10.33 | | |
| | 19:2-IUD insertion | \$60.00 | \$35.00 | |
| | 19:1-Subdermal implant insertion | \$95.00 | | |
| Data only | 19:3-Depo injection | \$10.33 | | |
| | Any other medical service indicated on the CVR not listed above | No payment | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:3 - Surgical Abortion (TAB) | | | | |
|--|--|-------------------|-------------------|------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Abortion procedure, D&E | \$259.86 | \$1,043.84 | |
| | Urine pregnancy test | | \$6.03 | |
| | Routine venipuncture | \$2.10 | | |
| | Rh typing, in-house | | \$2.09 | |
| | Bundled rate for HGB/HCT and drugs (metronidazole, ondansetron, lorazepam or diazepam, ibuprofen, ketorolac + injection) | \$7.75 | \$17.78 | |
| | Paracervical block | \$30.65 | | |
| | Language Assistance services | | \$93.16 | |
| | RH Program administration fee | | \$15.00 | |
| TOTAL BUNDLED VISIT RATE | | \$300.36 | \$1,177.90 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$1,478.26 | | |
| Reimbursed if marked on the CVR | 12:1-Transvaginal ultrasound | \$68.35 | | |
| | 12:2-Abdominal ultrasound | \$59.71 | | |
| | 12:3-Intraoperative/guidance ultrasound | \$43.25 | | |
| | 11:31-Serum pregnancy test (HCG) | | \$10.54 | |
| | 11:29-GC/CT test | | \$13.55 | |
| | 11:01-Insertion of cervical dilator + meds | \$30.48 | \$55.68 | |
| | 11:02-Rho(d) immune globulin injection | \$10.33 | | |
| | 18:1-Moderate sedation (includes fentanyl, midazolam) | | \$5.00 | \$55.00 |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:3 - Surgical Abortion (TAB) | | | | |
|---------------------------------------|--|----------|----------|------------------|
| | | Provider | Facility | Anesthesiologist |
| | 18:2-Deep sedation/IV general (includes fentanyl, midazolam, propofol) | | \$7.00 | \$132.00 |
| | 18:5 Moderate AND Deep Sedation | | \$12.00 | \$187.00 |
| | 19:2-IUD insertion | \$60.00 | \$35.00 | |
| | 19:1-Subdermal implant insertion | \$95.00 | | |
| | 19:3-Depo injection | \$10.08 | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:4 - Post-Abortion Follow-up Visit | | | | |
|--------------------------------------|--|------------|----------|------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Office visit | \$53.70 | | |
| | Ketorolac injection | \$7.75 | \$1.13 | |
| | Language Assistance Services | | \$46.58 | |
| TOTAL BUNDLED VISIT RATE | | \$61.45 | \$47.71 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$109.16 | | |
| Reimbursed if marked on CVR | 12:1-Transvaginal ultrasound | \$68.35 | | |
| | 12:2-Abdominal ultrasound | \$59.71 | | |
| | 11:31-Serum pregnancy test (HCG) | | \$10.54 | |
| | 11:29-GC/CT test | | \$13.55 | |
| | 11:02-Rho(d) immune globulin injection | \$10.33 | | |
| | 11:03-Methotrexate injection | \$54.57 | | |
| | 11:04 Creatinine/LFT | | \$9.30 | |
| | 19:2-IUD insertion | \$60.00 | \$35.00 | |
| | 19:1-Subdermal implant insertion | \$95.00 | | |
| | 19:3-Depo injection | \$10.33 | | |
| Data only | Any other medical service marked on the CVR not listed above | No payment | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:5 - Re-Aspiration | | | | |
|--|--|-------------------|-------------------|------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Treatment of incomplete abortion, any trimester, completed surgically | \$215.28 | \$1,043.84 | |
| | Routine venipuncture | \$2.10 | | |
| | Bundled rate for HGB/HCT and drugs (metronidazole, ondansetron, lorazepam or diazepam, ibuprofen, ketorolac + injection) | \$7.75 | \$17.78 | |
| | Paracervical block | \$30.65 | | |
| | Language Assistance services | | \$93.16 | |
| | RH Program administration fee | | \$15.00 | |
| TOTAL BUNDLED VISIT RATE | | \$255.78 | \$1,159.17 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$1,414.95 | | |
| Reimbursed if marked on the CVR | 12:1-Transvaginal ultrasound | \$68.35 | | |
| | 12:2-Abdominal ultrasound | \$59.71 | | |
| | 12:3-Intraoperative/guidance ultrasound | \$43.25 | | |
| | 11:31-Serum pregnancy test (HCG) | | \$10.54 | |
| | 11:29-GC/CT test | | \$13.55 | |
| | 11:01-Insertion of cervical dilator + meds | \$30.48 | \$55.68 | |
| | 11:02-Rho(d) immune globulin injection | \$10.33 | | |
| | 18:1-Moderate sedation (includes fentanyl, midazolam) | | \$5.00 | \$55.00 |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:5 - Re-Aspiration | | | | |
|----------------------|--|----------|----------|------------------|
| | | Provider | Facility | Anesthesiologist |
| | 18:2-Deep sedation/IV general (includes fentanyl, midazolam, propofol) | | \$7.00 | \$132.00 |
| | 18:5 Moderate AND Deep Sedation | | \$12.00 | \$187.00 |
| | 19:2-IUD insertion | \$60.00 | \$35.00 | |
| | 19:1-Subdermal implant insertion | \$95.00 | | |
| | 19:3-Depo injection | \$10.08 | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 10:6 with 11:01 - Standalone Service: Insertion of Cervical Dilator | | | | |
|--|--|-----------------|-----------------|-------------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Insertion of cervical dilator + meds | \$30.48 | \$55.68 | |
| | Language Assistance Services | | \$46.58 | |
| TOTAL BUNDLED VISIT RATE | | \$30.48 | \$102.26 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$132.74 | | |
| Data only | 18:3-Local anesthesia or oral medication | No payment | | |
| | 18:3-Rx for home pain management | No payment | | |
| | Any other medical service marked on the CVR not listed above | No payment | | |

| 10:06 with 11:31 - Standalone Service: Serum Pregnancy Test (HCG) | | | | |
|--|--|-----------------|-----------------|-------------------------|
| Bundled Rate | | Provider | Facility | Anesthesiologist |
| | Routine venipuncture | \$2.10 | | |
| | Serum pregnancy test (HCG) | | \$10.54 | |
| | Language Assistance Services | | \$46.58 | |
| TOTAL BUNDLED VISIT RATE | | \$2.10 | \$57.12 | |
| TOTAL BUNDLED REIMBURSEMENT | | \$59.22 | | |
| Data only | Any other medical service marked on the CVR not listed above | No payment | | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 22. Drugs/ Devices/Supplies Reimbursed at Acquisition Cost | | | | | | |
|---|---|---|-----------------------------------|--|-------------------------------|--|
| | 10:1 Pre- Abortion Visit | 10:2 Medication Abortion | 10:3 Surgical Abortion | 10:4 Post- Abortion Follow-up | 10:5 Re-Aspiration | 10:6 with 11:01 Standalone Service with Insertion of Cervical Dilator |
| 70-Mifepristone, 200 mg | | ✓ | | | | |
| 71-Misoprostol, 200 mcg | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 72-Hygroscopic sticks | ✓ | | ✓ | | ✓ | ✓ |
| 73-Digoxin injection | | | ✓ | | ✓ | |
| 75-Rho(d) immune globulin, 50 mcg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 76-Rho(d) immune globulin, 300 mcg | ✓ | | ✓ | ✓ | ✓ | |
| 77-Methotrexate | ✓ | | | ✓ | | |
| 78-Tranexamic Acid | | | ✓ | | ✓ | |
| 01-Oral Contraception | | ✓ | ✓ | ✓ | ✓ | |
| 16-EC | | ✓ | ✓ | ✓ | ✓ | |
| 14-Patch | | ✓ | ✓ | ✓ | ✓ | |
| 15-Mirena IUS | | ✓ | ✓ | ✓ | ✓ | |
| 03-Copper IUD | | ✓ | ✓ | ✓ | ✓ | |
| 04-Depo Provera | | ✓ | ✓ | ✓ | ✓ | |
| 05-Diaphragm | | ✓ | ✓ | ✓ | ✓ | |
| 06-Spermicide | | ✓ | ✓ | ✓ | ✓ | |

**AbortionCare Reimbursement Rates
for Ambulatory Surgical Centers
(effective for Dates of Service starting July 1, 2021)**

| 22. Drugs/ Devices/Supplies Reimbursed at Acquisition Cost | | | | | | |
|---|---|---|-----------------------------------|--|-------------------------------|--|
| | 10:1 Pre- Abortion Visit | 10:2 Medication Abortion | 10:3 Surgical Abortion | 10:4 Post- Abortion Follow-up | 10:5 Re-Aspiration | 10:6 with 11:01 Standalone Service with Insertion of Cervical Dilator |
| 07-Condoms, External | | ✓ | ✓ | ✓ | ✓ | |
| 08-Condoms, Internal | | ✓ | ✓ | ✓ | ✓ | |
| 12-Cervical Cap | | ✓ | ✓ | ✓ | ✓ | |
| 17-Monthly Ring | | ✓ | ✓ | ✓ | ✓ | |
| 18-Sponge | | ✓ | ✓ | ✓ | ✓ | |
| 19-Subdermal Implant | | ✓ | ✓ | ✓ | ✓ | |
| 20-Cycle Beads | | ✓ | ✓ | ✓ | ✓ | |
| 21-Skyla IUS | | ✓ | ✓ | ✓ | ✓ | |
| 22-Liletta IUS | | ✓ | ✓ | ✓ | ✓ | |
| 23-Kyleena IUS | | ✓ | ✓ | ✓ | ✓ | |
| 24-Annual Ring | | ✓ | ✓ | ✓ | ✓ | |